



Return Receipt Article Number		COMPLETE THIS SECTION ON DELIVERY	
		1. Signature 	
9590 9266 9904 2980 0782 82		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Certified Mail® Article Number 9414 7266 9904 2980 0782 89		B. Received by (Printed Name) Kevin Scott	
3. Service Type: CERTIFIED MAIL		C. Date of Delivery 8-1-24	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
1. Article Addressed to: <div>EVEREST NATIONAL INSURANCE COMPANY 477 Martinsville Road P.O. Box 830 Liberty Corner, NJ 07938-0830</div>			

Form 3811, Facsimile, July 2015

Domestic Return Receipt